

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wm D Reynolds
7013 State Rt. 221
Georgetown, Oh.
45121

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Col Wm Reynolds* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Col Wm Reynolds **RECEIVED** 9/13/06

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

SEP 14 2006

JAMES BONINI, Clerk

CINCINNATI, OHIO

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0000 1408 9870

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540